

**IOWA DEPARTMENT OF NATURAL RESOURCES
WATER SUPPLY SECTION
CONSTRUCTION PERMIT APPLICATION**

SCHEDULE-1a, General Information

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APPLICANT		ENGINEER	
Owner		Firm	
Address		Address	
Representative	Telephone	Project Officer	Telephone
Mail Completed Application Along with the Plans and Specifications to		DNR Use Only	
Iowa Department of Natural Resources Water Supply Section 401 SW 7 th , Suite M Des Moines, IA 50309-4611		Project Number:	
		Permit Number:	
		Facility Number:	
		Field Office Number:	
<i>PLEASE RESPOND TO ALL QUESTIONS</i>			
1.	Project Identification: _____		
2.	Estimated Completion Date: _____		YES NO
3.	Will this project be a part of a State Revolving Loan Fund project?		<input type="checkbox"/> <input type="checkbox"/>
4.	Has an engineering report or information previously been submitted for this project?		<input type="checkbox"/> <input type="checkbox"/>
	If Yes => Project Identity _____		
	Date Submitted _____		
5.	Does the project, as submitted, follow the recommendations and conclusions of the preliminary report?		<input type="checkbox"/> <input type="checkbox"/>
	If No => provide design basis and technical information justifying all changes.		
6.	Are there two complete sets of plans and specifications accompanying this application?		<input type="checkbox"/> <input type="checkbox"/>
	Two complete sets of plans and specifications are not required to be submitted for minor water main extensions		
7.	Except for those projects submitted in accordance with Section 43.3(4), does each set of plans and specifications or engineering report accompanying this application contain an "Engineer's Certificate," executed in conformance with §542B.16, Code of Iowa?		<input type="checkbox"/> <input type="checkbox"/>
8.	Does the project involve water withdrawal, storage of surface waters, or change in natural stream conditions?		<input type="checkbox"/> <input type="checkbox"/>
	If Yes => Complete and attach, Application for Permit to Withdraw Water (DNR Form 16)		
CERTIFICATION			
<u>APPLICANT</u>			
I certify that I am the authorized representative of the owner and state that the project identified above is approved by the owner.			
Signature:	Typed or Printed Name:		Date:
<u>ENGINEER</u>			
I certify that all aspects of design included in this application meets the requirements of all applicable state or federal laws and regulations, or that an explanation and justification for any proposed variation from such standards is attached. or that a variance has already been granted by the Iowa Department of Natural Resources.			
Signature:	Typed or Printed Name:	Iowa PE Number:	Date:

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SCHEDULE-1a General Information

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SCHEDULE	TITLE	Included in Project	Attached	Previously Submitted	Date Previously Submitted
1b	Minor WM Construction Permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1c	Fee Calculation		<input type="checkbox"/>		
2a	Water Mains - General	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2b	Water Mains - Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2c	Notif. of Minor WM Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3a	Water Systems - Preliminary Data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3b	Source Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3c	Water Quality Data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Site Approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5a	Well Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5b	Well Appurtenances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5c	Well Profile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5d	Surface Water Supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6a	<i>Reserved</i>				
6b	<i>Reserved</i>				
7	Schematic Flow Diagram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	Aeration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	Clarification/Sedimentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	Suspended Solids Contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	Cation Exchange Softening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	Filters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13a	Chemical Addition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13b	Dry Chemical Addition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13c	Gas Chlorination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13d	Fluoridation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13e	Sampling and Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	Pumping Station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	Process Water Storage Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16a	Wastewater General	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16b	Waste Treatment Ponds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16c	Filtration and Mechanical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16d	Discharge to Sewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Identify any components included in this project which are not included in the above list of schedules (i.e. Reverse Osmosis) and provide design data of these components on separate sheets.</p>					